



# BELL GARDENS POLICE DEPARTMENT

7100 SOUTH GARFIELD AVENUE

BELL GARDENS, CA 90201

562-806-7600



## EXPLORER POST #673 APPLICATION

APPLICANT DATA					
Last Name		First Name		Middle Name	
Street Address, City, Zip				Nickname/Alias	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone		Cell Phone		Email	
Date of Birth	Age	Birth City and State		Driver's License/ID Card Number	
Hair Color	Eye Color		Height	Weight	
Mother/Guardian's Name		Contact Number		Alternate Contact Number	
Father/Guardian's Name		Contact Number		Alternate Contact Number	
SCHOOL AND WORK INFORMATION					
School Name/College				Grade	Cumulative GPA
Employer				Employer Phone Number	
Job Title		Hours per Week		Supervisor's Name	
REFERENCES					
Last Name		First Name		How Long Known	
Street Address, City, State, Zip				Phone Number ( <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work)	
Describe how you know this person					
Last Name		First Name		How Long Known	
Street Address, City, State, Zip				Phone Number ( <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work)	
Describe how you know this person					
Last Name		First Name		How Long Known	
Street Address, City, State, Zip				Phone Number ( <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> work)	
Describe how you know this person					





What do you think being a Police Explorer is all about? Explain.

What do you expect to gain from becoming an Explorer? Explain.

What personal strengths will you contribute to the Explorer Post?

I, \_\_\_\_\_ understand that any portion of this application is subject to examination by the Bell Gardens Police Department. I acknowledge that all information contained in this application will be used solely for the Explorer Post and for no other purpose. All of the information contained in this application is correct, to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian if under 18

\_\_\_\_\_  
Date